3 ED
STATEMENT OF ORGANIZATION WAR 0.2 2004 STATEMENT OF ORGANIZATION FOR POSSIFICAL ACTION COMMITTEES AND PARTY COMMITTEES
MAR O'S SURGHTE
FOR O'S TATEMENT OF ORGANIZATION (See Reverse Side For Instructions)
(See Reverse Side For Instructions)
This is a (check one) Party Committee Political Action Committee
This is an (check one) Initial Statement Amended Statement
COMMITTEE (PLEASE TYPE OR PRINT)
Name Prokay Do - a pro-charce grassioots organization
Mailing Address (Street, City, State, Zip Code) P.O. Box 8249, Wielink, 45 6208 (316) 691 2002
CHAIRPERSON
Name Julie Burklast Home Telephone (316) 742, 1718
Mailing Address (Street, City, State Zip Code) P.O. Box 8249 Welling KS 67208 (316.) 691, 2002
TREASURER
Name Joqu Armentant Home Telephone 838, 2488
Mailing Address (Street, City, State, Zip Code) P.D. Business Telephone P.D. BOX 8249 / West for 15 67208 (316) 691, 2002
AFFILIATED OR CONNECTED ORGANIZATIONS
Name Worker's Half CARe Services
Mailing Address (Street, City, State, Zip Code) Web + FS 67218
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.
- Indeed control of arminated with all organization, identity the trade, profession, or primary interest of the contributors.
SIGNATURE:
"I declare that this statement has been examined by me and to the best of my knowledge and
belief is true, correct and complete. I understand that the interprint failure to file this document
or intentionally filing a false document is a class A misdemeaner."
1 March 3004 X2 ()
(Date) (Signature of Chairperson)

Rev.2000

Governmental Ethics Commission